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COMPANY:	DATE: AUG	DATE: AUGUST 31, 2004						
FAX NUMBER: 703-872-9306	TOTAL 8	TOTAL NO. OF PAGES INCLUDING COVER:						
PHONE NUMBER:		SENDER'S REFERENCE NUMBER: 1209-001						
Appln. #09/541,631	YOUR REFERENCE NUMBER:							
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Practitioner's Docket No. 1209-001

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Alan Balkany

RECEIVED CENTRAL FAX CENTER

Application No.: 09/541,631

Group No.: 2172

AUG 3 1 2004

Filed: 04/04/2000

Examiner: Baoquoc N.

For: HIERARCHICAL METHOD FOR STORING DATA WITH IMPROVED COMPRESSION

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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© deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10*

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TRANSMISSION

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Wendy Morgan

(type or print name of person certifying)

Amendment Transmittal-page 1 of 2

^{*} Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under 1.8 continues to be taken into account in determining timeliness. See 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the carllest possible filing date for patent term adjustment calculations.

Fee: \$210.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

·	(Col. 1)	(C	ol. 2)	(C	ol. 3)			SMALL	ENT	TTY	
	CLAIMS										
	REMAINING	HIGH	EST NO.								
	AFTER	PREV	IOUSLY	PRE	SENT					ADDIT.	
	AMENDMENT	PAI	D FOR	EX	EXTRA		RATE		FEE		
TOTAL	8		20	=	0	х	\$	9.00	=	\$	0.00
INDEP.	1		3	=	0	х	\$	43.00	=	\$ ·	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$	0.00		\$	0.00	
								TOTAL			
							ΑÌ	DDIT. FEE		S	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$210.00 to Deposit Account No. 50-1097.

> Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Christopher ... Voci

Registration No. 45,184

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